PTOSSEGS (12-04)
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35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).										1		
MALTIPLE DEPONDENT CLAIM PRESENT (22 CFR 1.14(E)										4		
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This collection of Information is required by 37 CFR 1.16. The Information is required to exist or retain a benefit by the public which is to life (and by the USFT) to upocars) an espiciation. Certification by governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. This will very depending upon the individual case. Any comments on the smould of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1458.

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE _ **TOTAL CLAIMS** OR SMALL ENTITY RATE FEE RATE FEE FOR NUMBER FILED NUMBER EXTRA BASIC FEE 150.00 OR BASIC FEE 300.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 25= X\$50= INDEPENDENT CLAIMS OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT X100= X200= OR +180= If the difference in column 1 is less than zero, enter "0" in column 2 OR +360= TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS AMENDMENT A HIGHEST REMAINING NUMBER ADDI-PRESENT ADDI-**AFTER** PREVIOUSLY RATE **EXTRA** TIONAL RATE AMENDMENT TIONAL PAID FOR FEE FEE Total Minus 20 X\$ 25= X\$50= OR Independent Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200≈ OR +180= +360= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE. (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER ADDI-AMENDMENT PRESENT ADDI-AFTER PREVIOUSLY RATE TIONAL **EXTRA** AMENDMENT RATE TIONAL PAID FOR FEE FEE Total Minus X\$ 25= X\$50= Independent OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100 =X200= OR +180= +360= OR TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ENT ADDI-PRESENT ADDI: AFTER **PREVIOUSLY EXTRA** RATE TIONAL AMENOMENT RATE TIONAL PAID FOR FEE Total FEE Minus X\$-25= X\$50= Independent OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X100= X200= OR +180= If the entry in column 1 is less than the entry in column 2, write "0" in column 3. +360= OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL OR ADDIT, FEE The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. ADDIT, FEE